	OF CALI	FORNIA EXPENSE CL	MIA	Titaveler ID		structions	and *Priv	acy State STAFF		Rever	se Side		K Trip?	O YES	
STD. 262 (REV. 10/92)				210 cal Year 2008TEC1651				ISSN OR EMPLOYEE NUMBER*					ARTMENT		Pages
				al Year 08-2009						OF					
POSITION Executive Director				CB/ID NO.: EXEMPT			California Volunteers							PCA # 11200	
RESIDENCE ADDRESS*							HEADOLIAPTERS ADDRESS 1110 K Street Suite 210							916-323-7646	
CITY				STATE	ZIP CODE 95864		CITY	CITY Sacramento			STATE CA			ZIP CODE 95814	
Sacramento (1) MONTH/YEAR (3)		CA (4)							TRANSPORTATION			(8)	(9)		
Apr 2009 LOCATIO		N	(4)	(5) BREAK- FAST	T T		(6)	(A) (B)	(B)	(C)	(D) PRIVATE CAR US		= ₌	TOTAL	
(2) DATE	WHERE EXPEN WERE INCURF		RED LODG			O.T. L/T, N/C, RELO. OR DINNER	INCIDENT- TALS		TYPE USEC	TOLLS	MILES		BUSINESS EXPENSE	TOTAL EXPENSE: FOR DAY	
													\$0.00		\$0.00
4/1	0930 1900	Sac/SF/Sac										190	\$104.50		\$104.50
					<u>.</u>								\$0.00		\$0.0
													\$0.00		\$0.0
													\$0.00		\$0.00
													\$0.00		\$0.00
													\$0.00		\$0.00
													\$0.00		\$0.00
	_												\$0.00	,	\$0.00
													\$0.00		\$0.00
	_				_								\$0.00		\$0.0
	_				ļ					ļ		_	\$0.00		\$0.00
	-												\$0.00		\$0
(10)	SUBT	TOTALS		, _l								?	104.5		\$104.50
	C(Humn code (Acc	G, USI	ONLY)								***********			
											CLAIM	TOTA	L \$	\$	104.50
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Moderated a panel for VolunteerMatch Client Summit APR 3 0 2009										(13) NUDBWOT WUDBK HUTBG					
										(13)	(13) PRIVATE VEHICLE LICENSE NU 4ybd289				
										(14) MILEAGE RATE CLAIMED					
											AG	AGENCY ACCOUNTING OFFICE			
OFFICE OF PLANNING & RESEARCH ADMINISTRATIVE SERVICES											PAID	PAID BY REVOLVING FUND CHECK NUMBER \$0.55			
privately	owned vet	Y That the above is a true solicle was used, and if mileage	a rates av	read the minimum	rate I certify th	at the cost of	operating the	venicie was e	idual to or drea	iter thai	i the rate	f		ąu	
claimed,	and that I	have met the requirements a	is prescrib	ed by SAM Section	DATE /	0752, 0753, a	nd 0754 perta	ining to venic	le safety and s	eat beit	usage.	# AMDY	PAYMENT	PATE	
_K	~~	- BN	_	E and TITLE (See	14/12	2/0	KA	M			ju	لك		DATE DATE	1.09